Adult Smoking Cessation Strategies
Evidence-Based Practice Recommendations

Four areas were evaluated for evidence-based recommendations

1. Screening
2. Use of nicotine replacement therapy
3. Use of bupropion
4. Use of varenicline

1. Practice Recommendation: Providers should screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products.

EBM Source: Agency for Healthcare Research and Quality. US Preventive Services Task Force (USPSTF). *Counseling to Prevent Tobacco Use,* 2003. http://www.ahrq.gov/clinic/uspstf/uspstbac.htm

Strength of Recommendation: "A" Level Evidence. The USPSTF found good evidence that brief smoking cessation interventions, including screening, brief behavioral counseling (< 3 min), and pharmacotherapy delivered in primary care settings, are effective in increasing the proportion of smokers who successfully quit smoking and remain abstinent after 1 year. The USPSTF found good evidence that smoking cessation lowers the risk for heart disease, stroke, and lung disease and concluded that there is good indirect evidence that even small increases in the quit rates from tobacco cessation counseling would produce important health benefits, and that the benefits of counseling interventions substantially outweigh any potential harms.

2. Practice Recommendation: Providers should recommend nicotine replacement therapy (NRT) in any formulation as part of a strategy to promote smoking cessation.

EBM Source: Cochrane Database of Systemic Reviews. Silagy C, et.al. "Nicotine replacement therapy for smoking cessation." *Cochrane Database Syst Rev* 2007(3):CD000146. http://www.cochrane.org/reviews/en/ab000146.html

Strength of Recommendation: Meta-analysis of 103 randomized trials (duration > 6 months) that compared NRT to placebo/no treatment or compared different doses of NRT. All forms of NRT were found to increase abstinence rates by 1.5-2.0-fold, regardless of setting.

3. Practice Recommendation: Providers should recommend bupropion to patients who wish to stop smoking, as it doubles the odds of quitting relative to alternative therapies.

EBM Source: Cochrane Database of Systemic Reviews. Hughes JR, et.al. "Antidepressants for smoking cessation." *Cochrane Database Syst Rev* 2007(1):CD000031. http://www.cochrane.org/reviews/en/ab000031.html

Strength of Recommendation: Meta-analysis of 40 randomized trials, each of duration 6 months or longer, that compared bupropion to placebo or an alternative pharmacotherapy.

4. Practice Recommendation: Providers should recommend varenicline to patients who wish to stop smoking, as it triples the odds of quitting relative to non-pharmacotherapeutic options.

EBM Source: Cochrane Database of Systemic Reviews. Cahill K, et.al. "Nicotine receptor partial agonists for smoking cessation." *Cochrane Database Syst Rev* 2007(1):CD006103. http://www.cochrane.org/reviews/en/ab006103.html

Strength of Recommendation: Meta-analysis of 6 randomized trials (n=4924) that compared varenicline to placebo or an alternative pharmacotherapy.